

## Before Starting the CoC Application

You must submit all three of the following parts in order for us to consider your Consolidated Application complete:

1. the CoC Application,
2. the CoC Priority Listing, and
3. all the CoC's project applications that were either approved and ranked, or rejected.

As the Collaborative Applicant, you are responsible for reviewing the following:

1. The FY 2021 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2021 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.

Your CoC Must Approve the Consolidated Application before You Submit It  
- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2021 CoC Program Competition on behalf of your CoC.

- 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.

Answering Multi-Part Narrative Questions

Many questions require you to address multiple elements in a single text box. Number your responses to correspond with multi-element questions using the same numbers in the question. This will help you organize your responses to ensure they are complete and help us to review and score your responses.

### Attachments

Questions requiring attachments to receive points state, "You Must Upload an Attachment to the 4B. Attachments Screen." Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process. Include a cover page with the attachment name.

- Attachments must match the questions they are associated with—if we do not award points for evidence you upload and associate with the wrong question, this is not a valid reason for you to appeal HUD's funding determination.

- We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).

## **1A. Continuum of Care (CoC) Identification**

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

**1A-1. CoC Name and Number:** MD-504 - Howard County CoC

**1A-2. Collaborative Applicant Name:** Howard County Government

**1A-3. CoC Designation:** CA

**1A-4. HMIS Lead:** Howard County Government

## 1B. Coordination and Engagement–Inclusive Structure and Participation

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

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<b>1B-1.</b>	<b>Inclusive Structure and Participation–Participation in Coordinated Entry.</b>	
	NOFO Sections VII.B.1.a.(1), VII.B.1.e., VII.B.1.n., and VII.B.1.p.	

In the chart below for the period from May 1, 2020 to April 30, 2021:

1.	select yes or no in the chart below if the entity listed participates in CoC meetings, voted—including selecting CoC Board members, and participated in your CoC's coordinated entry system; or
2.	select Nonexistent if the organization does not exist in your CoC's geographic area:

	Organization/Person	Participated in CoC Meetings	Voted, Including Electing of CoC Board Members	Participated in CoC's Coordinated Entry System
1.	Affordable Housing Developer(s)	Yes	Yes	No
2.	Agencies serving survivors of human trafficking	Yes	Yes	Yes
3.	CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
4.	CoC-Funded Victim Service Providers	Yes	Yes	Yes
5.	CoC-Funded Youth Homeless Organizations	Nonexistent	No	No
6.	Disability Advocates	Yes	Yes	No
7.	Disability Service Organizations	Yes	Yes	Yes
8.	Domestic Violence Advocates	Yes	Yes	Yes
9.	EMS/Crisis Response Team(s)	Yes	Yes	Yes
10.	Homeless or Formerly Homeless Persons	Yes	Yes	Yes
11.	Hospital(s)	Yes	Yes	Yes
12.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent	No	No
13.	Law Enforcement	Yes	Yes	Yes
14.	Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	Yes	Yes	Yes
15.	LGBT Service Organizations	Yes	Yes	Yes
16.	Local Government Staff/Officials	Yes	Yes	Yes
17.	Local Jail(s)	Yes	Yes	Yes
18.	Mental Health Service Organizations	Yes	Yes	Yes

19.	Mental Illness Advocates	Yes	Yes	Yes
20.	Non-CoC Funded Youth Homeless Organizations	Yes	Yes	Yes
21.	Non-CoC-Funded Victim Service Providers	Yes	Yes	Yes
22.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes	Yes	Yes
23.	Organizations led by and serving LGBT persons	Yes	Yes	Yes
24.	Organizations led by and serving people with disabilities	Yes	Yes	Yes
25.	Other homeless subpopulation advocates	Yes	Yes	Yes
26.	Public Housing Authorities	Yes	Yes	Yes
27.	School Administrators/Homeless Liaisons	Yes	Yes	Yes
28.	Street Outreach Team(s)	Yes	Yes	Yes
29.	Substance Abuse Advocates	Yes	Yes	Yes
30.	Substance Abuse Service Organizations	Yes	Yes	Yes
31.	Youth Advocates	Yes	Yes	Yes
32.	Youth Service Providers	Yes	Yes	Yes
	Other:(limit 50 characters)			
33.				
34.				

**By selecting "other" you must identify what "other" is.**

1B-2.	Open Invitation for New Members.	
	NOFO Section VII.B.1.a.(2)	

	Describe in the field below how your CoC:
1.	communicated the invitation process annually to solicit new members to join the CoC;
2.	ensured effective communication with individuals with disabilities, including the availability of accessible electronic formats;
3.	conducted outreach to ensure persons experiencing homelessness or formerly homeless persons are encouraged to join your CoC; and
4.	invited organizations serving culturally specific communities experiencing homelessness in the geographic area to address equity (e.g., Black, Latino, Indigenous, persons with disabilities).

**(limit 2,000 characters)**

1) Howard County CoC utilized the following approach to solicit new members in the community to join the CoC: The CoC communicates information through its monthly board and committee meetings as well as the quarterly coalition meeting. Current board members are encouraged to invite advocates, community members, public and private employees and others who are committed to ending homelessness to actively participate and join meetings. One-on-One meetings to discuss the work and participation in the CoC are held with non-profit organizations with a vested interest in serving those experiencing homelessness. 2) To ensure effective communication for individuals with disabilities, the plan to end homelessness and the board meeting minutes are accessible in electronic formats on the county's website. 3) The CoC extends an open invitation during the Coalition meetings, on the board's website, and at public Board meeting, as well as through public announcements during the meetings. 4) CoC Board works to ensure equitable among its members and has established the Community Commitment and Awareness Committee to build a

more comprehensive coalition and ensure that specific communities are invited to join the CoC.

1B-3.	CoC's Strategy to Solicit/Consider Opinions on Preventing and Ending Homelessness.	
	NOFO Section VII.B.1.a.(3)	

Describe in the field below how your CoC:

1.	solicited and considered opinions from a broad array of organizations and individuals that have knowledge of homelessness, or an interest in preventing and ending homelessness;
2.	communicated information during public meetings or other forums your CoC uses to solicit public information; and
3.	took into consideration information gathered in public meetings or forums to address improvements or new approaches to preventing and ending homelessness.

**(limit 2,000 characters)**

1)The Path Home 2020, Howard County's plan to end homelessness, is a compilation of interviews and feedback from work groups, persons with lived experience, case managers, program directors and agency leaders as well as online surveys gathered to develop CoC goals and objectives. Present day, the CoC has seven committees designed to incorporate the expertise and opinions of its members, which include community members, non-profit and private organizations, advocates and government staff. 2)The CoC communicates information through its monthly Board and Committee meetings; Annual NOFO input sessions where the community is invited to hear the progress made, and provide input for improvement; Quarterly Coalition meetings to discuss funding, system performance measures, and hear from homeless and crisis service providers with questions/answers in an open forum. 3) All feedback gathered during workgroups and meetings are addressed as an agenda item during the monthly or quarterly meetings. Once an idea is presented for consideration, board and committee members vote on how to incorporate new approaches to improve system performance. Once a majority vote is obtained, the information is included in the CoC action plan for the respective committee(s) to carry-out.

1B-4.	Public Notification for Proposals from Organizations Not Previously Funded.	
	NOFO Section VII.B.1.a.(4)	

Describe in the field below how your CoC notified the public:

1.	that your CoC's local competition was open and accepting project applications;
2.	that your CoC will consider project applications from organizations that have not previously received CoC Program funding;
3.	about how project applicants must submit their project applications;
4.	about how your CoC would determine which project applications it would submit to HUD for funding; and
5.	how your CoC effectively communicated with individuals with disabilities, including making information accessible in electronic formats.

**(limit 2,000 characters)**

Public Notification for Proposals from Organizations Not Previously Funded 1) the NOFO FY21 competition was initially announced during the September 2021 Coalition Board meeting that includes members from the community.

October 8, 2021, the initial NOFO package and application requirements were posted to the CoC Board Website and submitted to the Coalition Board email list, which is inclusive of members and non-members. 2) The NOFO package indicated that the NOFO competition is open for renewal and new projects. The applications also provided instructions for renewals as well as new project applicants. 3) The CoC will determine which projects to submit for funding based on the following information: annual performance measures in the current Annual Performance Report(APR), agency's goals and objectives that align with Howard County's Plan to End Homelessness, housing first approach, financial feasibility, staff capacity and rating/ranking tool scores. 3)The online package announcement invites applicants to submit their applications via email to the CoC Manager and the applicants are given the opportunity to submit email questions for clarification. 4) The public was notified through the CoC Board website about the rating, ranking and scoring process, which included posting the following: Resource Development and Systems Performance Committees will review project applications, the eligibility and threshold criteria for projects, and the scoring rubric and point scale. 4) October 15, 2021, the public notification indicated that projects would be scored by the Resource & Development members and ranked according to their score and application content to include annual performance measures in the current Annual Performance Report(APR), agency's goals and objectives that align with Howard County's Plan to End Homelessness, housing first approach, financial feasibility, and staff capacity. 5)Materials are in ADA accessible formatted documents (.pdf) to ensure persons of all abilities can access competition information.

## 1C. Coordination and Engagement–Coordination with Federal, State, Local, Private, and Other Organiza

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

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1C-1.	Coordination with Federal, State, Local, Private, and Other Organizations.	
	NOFO Section VII.B.1.b.	

In the chart below:

1.	select yes or no for entities listed that are included in your CoC's coordination, planning, and operations of projects that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness; or
2.	select Nonexistent if the organization does not exist within your CoC's geographic area.

	Entities or Organizations Your CoC Coordinates with for Planning or Operations of Projects	Coordinates with Planning or Operations of Projects
1.	Funding Collaboratives	Yes
2.	Head Start Program	Yes
3.	Housing and services programs funded through Local Government	Yes
4.	Housing and services programs funded through other Federal Resources (non-CoC)	Yes
5.	Housing and services programs funded through private entities, including Foundations	Yes
6.	Housing and services programs funded through State Government	Yes
7.	Housing and services programs funded through U.S. Department of Health and Human Services (HHS)	Yes
8.	Housing and services programs funded through U.S. Department of Justice (DOJ)	Yes
9.	Housing Opportunities for Persons with AIDS (HOPWA)	Yes
10.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent
11.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes
12.	Organizations led by and serving LGBT persons	Yes
13.	Organizations led by and serving people with disabilities	Yes
14.	Private Foundations	No
15.	Public Housing Authorities	Yes
16.	Runaway and Homeless Youth (RHY)	Yes
17.	Temporary Assistance for Needy Families (TANF)	Yes
	Other:(limit 50 characters)	

18.		
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1C-2.	CoC Consultation with ESG Program Recipients.	
	NOFO Section VII.B.1.b.	

	Describe in the field below how your CoC:
1.	consulted with ESG Program recipients in planning and allocating ESG and ESG-CV funds;
2.	participated in evaluating and reporting performance of ESG Program recipients and subrecipients;
3.	provided Point-in-Time (PIT) count and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area; and
4.	provided information to Consolidated Plan Jurisdictions within your CoC's geographic area so it could be addressed in Consolidated Plan update.

**(limit 2,000 characters)**

1) The CoC consulted with two of its ESG Program recipients in planning and allocating ESG and/or ESG-CV funds in order to serve adults and families including those impacted by COVID-19. 2) The ESG recipients participated in evaluating and reporting performance of ESG program by submitting monthly expenditure reports for eligible activities, entering program data into HMIS, reporting data in the state data warehouse, monthly participation in the system performance committee to ensure best practices are utilized. The ESG subrecipients participated in the planning and allocation process by submitting a detailed application projecting the population, program services, program staff, and program funds needed to assist adults and families impacted by COVID during 2020 -2021. 3) ESG recipients participate in the Point-in-Time (PIT) count and Housing Inventory County (HIC) data to the Consolidated Plan jurisdictions by entering data into HMIS on-going basis as well as within 48 hours after client contact. The PIT and HIC data is captured throughout the grant year and compiled in the annual performance report for the geographic area. The ESG recipients also participated in the annual PIT count conducted in January 2020. 4)The Howard County CoC provides annual input to the entitlement jurisdiction (through the neighboring Department of Housing and Community Development) including: Annual Action Plans, Consolidated Annual Performance and Evaluation Report (CAPER) and the Consolidated Planning process. All PIT, System Performance Measures and HIC data is provided annually, and throughout each fiscal year, to allow for its inclusion in Consolidated Plan updates.

1C-3.	Ensuring Families are not Separated.	
	NOFO Section VII.B.1.c.	

Select yes or no in the chart below to indicate how your CoC ensures emergency shelter, transitional housing, and permanent housing (PSH and RRH) do not deny admission or separate family members regardless of each family member's self-reported gender:

1.	Conducted mandatory training for all CoC- and ESG-funded service providers to ensure families are not separated.	No
2.	Conducted optional training for all CoC- and ESG-funded service providers to ensure families are not separated.	No



3.	Worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.	Yes
4.	Worked with ESG recipient(s) to identify both CoC- and ESG-funded facilities within your CoC's geographic area that might be out of compliance and took steps to work directly with those facilities to bring them into compliance.	No
5.	Sought assistance from HUD by submitting AAQs or requesting technical assistance to resolve noncompliance of service providers.	Yes
6.	Other. (limit 150 characters)	
	All providers were asked to attend State Funded Training	Yes

1C-4.	CoC Collaboration Related to Children and Youth–SEAs, LEAs, Local Liaisons & State Coordinators.	
	NOFO Section VII.B.1.d.	

Describe in the field below:

1.	how your CoC collaborates with youth education providers;
2.	your CoC's formal partnerships with youth education providers;
3.	how your CoC collaborates with State Education Agency (SEA) and Local Education Agency (LEA);
4.	your CoC's formal partnerships with SEAs and LEAs;
5.	how your CoC collaborates with school districts; and
6.	your CoC's formal partnerships with school districts.

**(limit 2,000 characters)**

1) The CoC Collaboration with youth education providers includes partnering with Howard County Public School System (HCPSS) to ensure homeless youth and their families receive equal assistance and access to educational programs, activities, and services in Howard County. The Local Children's Board is another valuable partnership used to ensure Howard County youth receive access to behavioral health resources such as treatment and intervention services. 2) The CoC's formal partnerships with youth education providers includes partnering with HopeWorks of Howard County, a local provider specializing in sexual and dating assaults, and domestic violence that provides housing and supportive services. 3) The CoC collaborates with HCPSS and the Local Children's Board, two local education agencies helping to ensure homeless youth are enrolled in educational activities, receive educational support, and are connected to housing and related services. 4) The CoC uses a multi-pronged approach in order to deliver youth related services to homeless youth. New partnerships with State Education Agencies and Local Education Agency are being explored based on Howard County's homeless youth population. 5) The CoC has and continues to collaborate with HCPSS who connects homeless youth to pupil personnel workers to ensure students receive housing and services, transportation to and from school, and access to behavioral intervention. 6) The CoC depends on Local Education Agencies as a vital collaboration needed to end youth homelessness. The CoC looks forward to developing formal partnerships with HCPSS.

1C-4a.	CoC Collaboration Related to Children and Youth–Educational Services–Informing Individuals and Families Experiencing Homelessness about Eligibility.	
	NOFO Section VII.B.1.d.	

Describe in the field below written policies and procedures your CoC adopted to inform individuals and families who become homeless of their eligibility for educational services.

**(limit 2,000 characters)**

The CoC policies and procedures connect Pupil Personnel Workers (PPW) with individuals and families experiencing homelessness to inform them about McKinney Vento program and eligibility criteria. The Department of Social Services also links families with school-aged children to their local public school, and ensures they are provided with information on their rights and school-based services offered to families in need. Assigned CoC and DSS Case Managers are also responsible for following-up and making sure households are connected to their local public school and Pupil Personnel Workers.

1C-4b.	CoC Collaboration Related to Children and Youth–Educational Services–Written/Formal Agreements or Partnerships with Early Childhood Services Providers.	
	NOFO Section VII.B.1.d.	

Select yes or no in the chart below to indicate whether your CoC has written formal agreements or partnerships with the listed providers of early childhood services:

		MOU/MOA	Other Formal Agreement
1.	Birth to 3 years	No	Yes
2.	Child Care and Development Fund	No	Yes
3.	Early Childhood Providers	No	Yes
4.	Early Head Start	No	No
5.	Federal Home Visiting Program–(including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	No	Yes
6.	Head Start	No	Yes
7.	Healthy Start	No	No
8.	Public Pre-K	No	No
9.	Tribal Home Visiting Program	No	No
	Other (limit 150 characters)		
10.	Howard County Office of Children and Family Services	No	Yes

1C-5.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors–Annual Training–Best Practices.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC coordinates to provide training for:

1.	Project staff that addresses safety and best practices (e.g., trauma-informed, victim-centered) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually); and
2.	Coordinated Entry staff that addresses safety and best practices (e.g., trauma informed care) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually).

**(limit 2,000 characters)**

1). Through HopeWorks, new crisis hotline counselors receive interactive training in safety and planning, human trafficking, and intimate partner violence

as part of the on-boarding process. Additionally, through the Maryland Network Against Domestic Violence, case managers attend the annual multi-session training on intimate partner violence. 2) Coordinated Entry staff provide annual training and best practices on how to enter survivor information into tracking database and maintain confidentiality. As a result of COVID, this training was offered and provided virtually.

1C-5a.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors–Using De-identified Aggregate Data.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC uses de-identified aggregate data from a comparable database to assess the special needs related to domestic violence, dating violence, sexual assault, and stalking survivors.

**(limit 2,000 characters)**

The victim service provider in our jurisdiction collects the same data fields as other providers in the CoC so that de-identified aggregate data can be included with the other data provided to the System Performance and Evaluation Committee, the committee of the board that identifies gaps and strategies to improve performance of the homeless system. The System Performance and Evaluation committee compares the data to determine if additional supports are needed in any particular program types, which can result in focusing resources toward the victim service provider if the data indicates a further need. In addition to the standard data, victims of violence complete a lethality assessment upon entry to help direct them to the most appropriate services to address their needs.

1C-5b.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors–Coordinated Assessment–Safety, Planning, and Confidentiality Protocols.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC's coordinated entry system protocols incorporate trauma-informed, victim-centered approaches while maximizing client choice for housing and services that:

1.	prioritize safety;
2.	use emergency transfer plan; and
3.	ensure confidentiality.

**(limit 2,000 characters)**

1) Our victim service provider is one of the Points of Access for our Coordinated Entry System, ensuring those that are fleeing violence/experiencing domestic violence can enter the system through a provider that is equipped to ensure safety and housing/shelter options such as emergency shelter, transitional housing, or rapid rehousing. 2) Crisis Counselors for Coordinated Entry conduct a lethality assessment to determine the risk of danger to the victim and develop an appropriate referrals/transfer plan to another jurisdiction, if necessary. 3) Whether the client remains local or is transferred to another jurisdiction, the client's identity and information is kept confidential.

1C-6.	Addressing the Needs of Lesbian, Gay, Bisexual, Transgender–Anti-Discrimination Policy and Training.	
	NOFO Section VII.B.1.f.	

1.	Did your CoC implement a written CoC-wide anti-discrimination policy ensuring that LGBT individuals and families receive supportive services, shelter, and housing free from discrimination?	Yes
2.	Did your CoC conduct annual CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity (Equal Access Final Rule)?	Yes
3.	Did your CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access to Housing in HUD Programs in Accordance with an Individual's Gender Identity (Gender Identity Final Rule)?	Yes

1C-7.	Public Housing Agencies within Your CoC's Geographic Area–New Admissions–General/Limited Preference–Moving On Strategy. You Must Upload an Attachment(s) to the 4B. Attachments Screen.	
	NOFO Section VII.B.1.g.	

Enter information in the chart below for the two largest PHAs highlighted in gray on the CoC-PHA Crosswalk Report at <https://files.hudexchange.info/resources/documents/FY-2020-CoC-PHA-Crosswalk-Report.pdf> or the two PHAs your CoC has a working relationship with—if there is only one PHA in your CoC's geographic area, provide information on the one:

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing and Housing Choice Voucher Program During FY 2020 who were experiencing homelessness at entry	Does the PHA have a General or Limited Homeless Preference?	Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?
Housing Commission of Howard County	56%	Yes-HCV	Yes

1C-7a.	Written Policies on Homeless Admission Preferences with PHAs.	
	NOFO Section VII.B.1.g.	

Describe in the field below:

1.	steps your CoC has taken, with the two largest PHAs within your CoC's geographic area or the two PHAs your CoC has working relationships with, to adopt a homeless admission preference—if your CoC only has one PHA within its geographic area, you may respond for the one; or
2.	state that your CoC has not worked with the PHAs in its geographic area to adopt a homeless admission preference.

**(limit 2,000 characters)**

The CoC has a longstanding relationship with the PHA for our jurisdiction. The PHA sets aside the first 15 Housing Choice vouchers of each fiscal year for households referred through the CoC's Coordinated Entry System, a policy which is documented in their Administrative Plan. Recently, the CoC has supported the PHA in two rounds of applications to HUD for Mainstream vouchers. The PHA issued a total of 83 vouchers for 2020-2021. The PHA provided a portion of those vouchers to move households out of shelter and into

housing during the COVID-19 pandemic. Additionally, the CoC Lead Agency worked with the PHA to establish a written policy for using Mainstream or Move-On vouchers to transition households no longer requiring the intensive supports of PSH. This process includes ensuring the participants are eligible, have a disability, and are certified through the ranking criteria/vulnerability scoring for program admission.

1C-7b.	Moving On Strategy with Affordable Housing Providers.	
	Not Scored—For Information Only	

Select yes or no in the chart below to indicate affordable housing providers in your CoC's jurisdiction that your recipients use to move program participants to other subsidized housing:

1.	Multifamily assisted housing owners	No
2.	PHA	Yes
3.	Low Income Tax Credit (LIHTC) developments	No
4.	Local low-income housing programs	No
	Other (limit 150 characters)	
5.		

1C-7c.	Including PHA-Funded Units in Your CoC's Coordinated Entry System.	
	NOFO Section VII.B.1.g.	

Does your CoC include PHA-funded units in the CoC's coordinated entry process?	Yes
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1C-7c.1.	Method for Including PHA-Funded Units in Your CoC's Coordinated Entry System.	
	NOFO Section VII.B.1.g.	

If you selected yes in question 1C-7c., describe in the field below:

1.	how your CoC includes the units in its Coordinated Entry process; and
2.	whether your CoC's practices are formalized in written agreements with the PHA, e.g., MOUs.

**(limit 2,000 characters)**

1). In terms of how units are included: We have a close working relationship with the PHA and have been able to work with them on Housing Choice vouchers as well as the recent Mainstream vouchers. They have a long-standing policy in their Administrative Plan that the first 15 new Housing Choice vouchers of each fiscal year are provided to the Coordinated Entry System. Those slots have historically been prioritized using the same standard as for PSH for case managers to link households to ongoing community supports. Mainstream vouchers from the PHA have been used as a Move-On strategy for PSH as a standard tool to select households, and later to move people out of shelter that had been prioritized for people under the COVID prioritization

standards. 2). These practices are formalized in the PHA's Administrative Plan and the Coordinated Entry policies and procedures.

1C-7d.	Submitting CoC and PHA Joint Applications for Funding for People Experiencing Homelessness.	
	NOFO Section VII.B.1.g.	

Did your CoC coordinate with a PHA(s) to submit a joint application(s) for funding of projects serving families experiencing homelessness (e.g., applications for mainstream vouchers, Family Unification Program (FUP), other non-federal programs)?	No
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1C-7d.1.	CoC and PHA Joint Application–Experience–Benefits.	
	NOFO Section VII.B.1.g.	

If you selected yes to question 1C-7d, describe in the field below:

1.	the type of joint project applied for;
2.	whether the application was approved; and
3.	how your CoC and families experiencing homelessness benefited from the coordination.

**(limit 2,000 characters)**

Nonexistent at this time.

1C-7e.	Coordinating with PHA(s) to Apply for or Implement HCV Dedicated to Homelessness Including American Rescue Plan Vouchers.	
	NOFO Section VII.B.1.g.	

Did your CoC coordinate with any PHA to apply for or implement funding provided for Housing Choice Vouchers dedicated to homelessness, including vouchers provided through the American Rescue Plan?	No
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1C-7e.1.	Coordinating with PHA(s) to Administer Emergency Housing Voucher (EHV) Program–List of PHAs with MOUs.	
	Not Scored–For Information Only	

Did your CoC enter into a Memorandum of Understanding (MOU) with any PHA to administer the EHV Program?	No
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If you select yes, you must use the list feature below to enter the name of every PHA your CoC has entered into a MOU with to administer the Emergency Housing Voucher Program.

PHA
This list contains no items

## 1C. Coordination and Engagement–Coordination with Federal, State, Local, Private, and Other Organiza

1C-8.	Discharge Planning Coordination.	
	NOFO Section VII.B.1.h.	

Select yes or no in the chart below to indicate whether your CoC actively coordinates with the systems of care listed to ensure persons who have resided in them longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs.

1. Foster Care	Yes
2. Health Care	Yes
3. Mental Health Care	Yes
4. Correctional Facilities	Yes

1C-9.	Housing First–Lowering Barriers to Entry.	
	NOFO Section VII.B.1.i.	

1.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2021 CoC Program Competition.	6
2.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2021 CoC Program Competition that have adopted the Housing First approach.	6
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-coordinated entry projects the CoC has ranked in its CoC Priority Listing in the FY 2021 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

1C-9a.	Housing First–Project Evaluation.	
	NOFO Section VII.B.1.i.	

Describe in the field below how your CoC regularly evaluates projects to ensure those that commit to using a Housing First approach are prioritizing rapid placement and stabilization in permanent housing and are not requiring service participation or preconditions of program participants.

**(limit 2,000 characters)**

CoC provides on-going technical assistance to ensure projects are committed to prioritization through the coordinated entry system and providing immediate access to low barrier affordable housing. Case managers receive annual training including the use of motivational interviewing to offer various treatment

options and wrap around services based on the needs and desires of the client. As a condition for funding, each provider completes a Housing First Certification. The providers also contractually agree to follow a Housing First approach for the life of the grant. Providers are monitored annually for regulatory compliance, which includes evaluating day-to-day activities and program policies to ensure a Housing First approach is utilized and not requiring service participation or preconditions of program participants.

1C-9b.	Housing First–Veterans.	
	Not Scored–For Information Only	

Does your CoC have sufficient resources to ensure each Veteran experiencing homelessness is assisted to quickly move into permanent housing using a Housing First approach?	No
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1C-10.	Street Outreach–Scope.	
	NOFO Section VII.B.1.j.	

	Describe in the field below:
1.	your CoC’s street outreach efforts, including the methods it uses to ensure all persons experiencing unsheltered homelessness are identified and engaged;
2.	whether your CoC’s Street Outreach covers 100 percent of the CoC’s geographic area;
3.	how often your CoC conducts street outreach; and
4.	how your CoC tailored its street outreach to persons experiencing homelessness who are least likely to request assistance.

**(limit 2,000 characters)**

1) The CoC through Grassroots Hotline, Outreach Worker(s), Howard County Police, and Community members work together to identify and engage unsheltered persons. If the hotline receives a call from community members, the outreach worker(s) will make immediate contact with the person at the reported location. The outreach worker also goes out with an assigned Howard County Police Officer to identify unsheltered persons and engage them to assess needs. 2) The CoC Street Outreach covers 100 percent of the geographic area; however, focus is given to several hotspots with a high concentration of unsheltered persons, as indicated by the 2020 Point in Time count. 3) Street outreach is conducted daily between 9 a.m. to 5 p.m. The street outreach worker also participates in ride-a-longs with a Howard County Police Officer on as needed basis outside of the business hours. 4) The CoC relies on community members such as private citizens and/or religious organizations to call into the hotline to report persons who are sleeping in place not meant for habitation. Once the call is received, an outreach worker will attempt to engage with the person to assess the individual's immediate needs and what type of ongoing services maybe needed. For those least likely to reach out to our hotline, provider and Day Resource Center staff regularly talk to panhandlers to identify who is literally homeless and offer services and resources. The outreach worker goes into the camps/hotspots to meet people who may not have reached out. The worker also does regular ride-a-longs with Howard County Police Officer to share information and work together for outreach. The Day Resource Center staff encourages regular clients to bring in those who are



new to homelessness or aren't receiving services. Outreach is also done at local hotels to identify those not known to the system and may be at imminent risk of homelessness. Volunteers and staff regularly handout flyers to panhandlers and community members.

1C-11.	<b>Criminalization of Homelessness.</b>	
	NOFO Section VII.B.1.k.	

Select yes or no in the chart below to indicate strategies your CoC implemented to prevent the criminalization of homelessness in your CoC's geographic area:

1.	Engaged/educated local policymakers	Yes
2.	Engaged/educated law enforcement	Yes
3.	Engaged/educated local business leaders	No
4.	Implemented communitywide plans	Yes
5.	Other:(limit 500 characters)	

1C-12.	<b>Rapid Rehousing–RRH Beds as Reported in the Housing Inventory Count (HIC).</b>	
	NOFO Section VII.B.1.l.	

	2020	2021
Enter the total number of RRH beds available to serve all populations as reported in the HIC—only enter bed data for projects that have an inventory type of “Current.”	60	73

1C-13.	<b>Mainstream Benefits and Other Assistance–Healthcare–Enrollment/Effective Utilization.</b>	
	NOFO Section VII.B.1.m.	

Indicate in the chart below whether your CoC assists persons experiencing homelessness with enrolling in health insurance and effectively using Medicaid and other benefits.

	Type of Health Care	Assist with Enrollment?	Assist with Utilization of Benefits?
1.	Public Health Care Benefits (State or Federal benefits, Medicaid, Indian Health Services)	Yes	Yes
2.	Private Insurers	No	No
3.	Nonprofit, Philanthropic	No	No
4.	Other (limit 150 characters)		

1C-13a.	<b>Mainstream Benefits and Other Assistance–Information and Training.</b>	
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**NOFO Section VII.B.1.m**

Describe in the field below how your CoC provides information and training to CoC Program-funded projects by:

- |    |  |
|----|--|
| 1. | systemically providing up to date information on mainstream resources available for program participants (e.g., Food Stamps, SSI, TANF, substance abuse programs) within your CoC's geographic area; |
| 2. | communicating information about available mainstream resources and other assistance and how often your CoC communicates this information;  |
| 3. | working with projects to collaborate with healthcare organizations to assist program participants with enrolling in health insurance; and  |
| 4. | providing assistance with the effective use of Medicaid and other benefits.  |

**(limit 2,000 characters)**

1)The CoC through Grassroots of Howard County provides SSI/SSDI Outreach Access and Recovery (SOAR) strategy to inform and increase access to mainstream resources at the federal and state level. Benefit Specialists through Humanim, Inc. are trained to assess and provide information on various benefits (e.g. Food Stamps, SSI, TANF, medical assistance and other benefits). The local Community Action Council works with those receiving prevention assistance to connect to mainstream benefits. 2)The CoC through its providers conveys information about mainstream benefits during the intake process and throughout case management, participants are encouraged to develop goals to obtain available benefits. 3)The CoC works with the CoC-funded PSH providers, Department of Social Services, Social Security Administration, Howard County Health Department, Bowling Green Brandywine Treatment Center, and Waystation to link persons experiencing homelessness to transportation to and from treatment, medication management, therapy and health care services. Once households obtain SSI/SSDI, they are enrolled in Medicaid/Medicare; those ineligible for SSI/SSDI are connected to state insurance. 4)The CoC through its PSH provider connects persons with Medicaid/Medicare, and other mainstream benefits through a Benefits Specialist who ensures participants are educated about how to use Medicaid for health care, prescriptions and/or doctor's visits, etc. This ensures effective utilization of Medicaid and other benefits.

**1C-14. Centralized or Coordinated Entry System–Assessment Tool. You Must Upload an Attachment to the 4B. Attachments Screen.**

**NOFO Section VII.B.1.n.**

Describe in the field below how your CoC's coordinated entry system:

- |    |  |
|----|--|
| 1. | covers 100 percent of your CoC's geographic area;  |
| 2. | reaches people who are least likely to apply for homeless assistance in the absence of special outreach; |
| 3. | prioritizes people most in need of assistance; and   |
| 4. | ensures people most in need of assistance receive assistance in a timely manner.                         |

**(limit 2,000 characters)**

1) The CoC geographic area is a 100% match to the local county jurisdiction. 2) Households are identified through Street Outreach and through partnerships with Grassroots, Howard County Public Schools and Howard County Police Outreach Department that serve the entire county or by contacting the Coordinated Entry System through the county's crisis response center and

homelessness hotline. The CoC has relationships with the school cultivating a relationship with a large clinical provider in the public behavioral health system. 3) The CoC has developed a prioritization process to identified households experiencing chronic homelessness, those most in need of assistance and also those least likely to apply for assistance in the absence of special outreach. This informs the prioritization standards the CoC developed for shelter, RRH, PSH, and vouchers. 4) The CoC also placed increased emphasis on consistent and coordinated Street Outreach aimed at regular engagement of unsheltered households toward housing resources. All of these factors combined have led to a significant decrease in the prevalence of chronic homelessness within the CoC.

1C-15.	Promoting Racial Equity in Homelessness–Assessing Racial Disparities.	
	NOFO Section VII.B.1.o.	

Did your CoC conduct an assessment of whether disparities in the provision or outcome of homeless assistance exists within the last 3 years?	Yes
--	-----

1C-15a.	Racial Disparities Assessment Results.	
	NOFO Section VII.B.1.o.	

Select yes or no in the chart below to indicate the findings from your CoC's most recent racial disparities assessment.

1.	People of different races or ethnicities are more likely to receive homeless assistance.	No
2.	People of different races or ethnicities are less likely to receive homeless assistance.	Yes
3.	People of different races or ethnicities are more likely to receive a positive outcome from homeless assistance.	No
4.	People of different races or ethnicities are less likely to receive a positive outcome from homeless assistance.	Yes
5.	There are no racial or ethnic disparities in the provision or outcome of homeless assistance.	No
6.	The results are inconclusive for racial or ethnic disparities in the provision or outcome of homeless assistance.	No

1C-15b.	Strategies to Address Racial Disparities.	
	NOFO Section VII.B.1.o.	

Select yes or no in the chart below to indicate the strategies your CoC is using to address any racial disparities.

1.	The CoC's board and decisionmaking bodies are representative of the population served in the CoC.	Yes
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2.	The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.	Yes
3.	The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.	Yes
4.	The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups.	Yes
5.	The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.	Yes
6.	The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.	Yes
7.	The CoC has staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness.	Yes
8.	The CoC is educating organizations, stakeholders, boards of directors for local and national nonprofit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.	Yes
9.	The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.	Yes
10.	The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.	Yes
11.	The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	Yes
	Other:(limit 500 characters)	
12.		

1C-15c.	Promoting Racial Equity in Homelessness Beyond Areas Identified in Racial Disparity Assessment.	
	NOFO Section VII.B.1.o.	

Describe in the field below the steps your CoC and homeless providers have taken to improve racial equity in the provision and outcomes of assistance beyond just those areas identified in the racial disparity assessment.

**(limit 2,000 characters)**

In 2020, the Coordinated Entry Committee (CE), in accordance with National Alliance to End Homelessness (NAEH) consultation, conducted a racial equity evaluation of the homeless response system to identify areas of overrepresented populations and disparities. NAEH used the HUD CoC Analysis Tool on Race & Ethnicity, which compared Point-In-Time (PIT) results to American Community Survey (ACS) data. The evaluations determined that an overrepresentation of African Americans within the homeless population. As a result, NAEH recommended and the CoC adopted the use of the Stella P. that provides a break-down of subpopulations by race, age, gender, etc. This tool allows the CoC to review and identify racial disparities, but it also allows the CoC to assess underrepresented groups who are homeless and need assistance. To improve racial equity beyond the initial assessment, providers conduct surveys to determine program participants' level of satisfaction with services. This information was used to ensure a holistic approach to the entire population and equitable treatment of the 60% African Americans; 28% White/Non-Latino; 1% Pacific Islanders; 2% Alaskans; and 6% Latinos and Asians.

1C-16.	Persons with Lived Experience–Active CoC Participation.	
	NOFO Section VII.B.1.p.	

Enter in the chart below the number of people with lived experience who currently participate in your CoC under the five categories listed:

	Level of Active Participation	Number of People with Lived Experience Within the Last 7 Years or Current Program Participant	Number of People with Lived Experience Coming from Unsheltered Situations
1.	Included and provide input that is incorporated in the local planning process.	6	3
2.	Review and recommend revisions to local policies addressing homelessness related to coordinated entry, services, and housing.	6	3
3.	Participate on CoC committees, subcommittees, or workgroups.	6	3
4.	Included in the decisionmaking processes related to addressing homelessness.	6	3
5.	Included in the development or revision of your CoC's local competition rating factors.	0	0

1C-17.	Promoting Volunteerism and Community Service.	
	NOFO Section VII.B.1.r.	

Select yes or no in the chart below to indicate steps your CoC has taken to promote and support community engagement among people experiencing homelessness in the CoC's geographic area:

1.	The CoC trains provider organization staff on connecting program participants and people experiencing homelessness with education and job training opportunities.	Yes
2.	The CoC trains provider organization staff on facilitating informal employment opportunities for program participants and people experiencing homelessness (e.g., babysitting, housekeeping, food delivery, data entry).	Yes
3.	The CoC works with organizations to create volunteer opportunities for program participants.	Yes
4.	The CoC works with community organizations to create opportunities for civic participation for people experiencing homelessness (e.g., townhall forums, meeting with public officials).	Yes
5.	Provider organizations within the CoC have incentives for employment and/or volunteerism.	Yes
6.	Other:(limit 500 characters)	

## 1D. Addressing COVID-19 in the CoC's Geographic Area

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

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- 24 CFR part 578

1D-1.	Safety Protocols Implemented to Address Immediate Needs of People Experiencing Unsheltered, Congregate Emergency Shelter, Transitional Housing Homelessness.	
NOFO Section VII.B.1.q.		
Describe in the field below protocols your CoC implemented during the COVID-19 pandemic to address immediate safety needs for individuals and families living in:		
1.	unsheltered situations;	
2.	congregate emergency shelters; and	
3.	transitional housing.	

(limit 2,000 characters)

1) Hotels were used to bring as many unsheltered households inside as possible so that they could isolate and have access to sanitation which was particularly important as locations such as libraries and restaurants closed to the public. Households with underlying conditions that caused them to be more susceptible to serious illness should they contract COVID were prioritized for placement in hotel rooms rather than emergency shelter. Staff from multiple agencies were stationed at the hotel to provide support, meals, and other resources. Additionally, a hotel was reserved to quarantine homeless individuals who contracted COVID-19 as well as COVID positive first responders needing to isolate. Street Outreach and shelter staff were provided with PPE and Street Outreach staff distributed food and water to households who did remain unsheltered. Though initially closed, the drop-in center developed procedures to allow unsheltered guests into the building to access showers. The CoC also worked with the Health Department to connect homeless providers with testing and, once available, mobile vaccine clinics. 2) As part of the COVID-19 pandemic response, the CoC worked with the county's Office of Emergency Management and emergency shelter providers as well as the CDC Guide for Sheltered/Unsheltered to decrease the density of emergency shelter by reconfiguring space as well as moving a portion of households from traditional emergency shelters to hotel rooms. 3) The protocol implemented for emergency shelter is also applicable to transitional shelters in Howard County.

1D-2.	Improving Readiness for Future Public Health Emergencies.	
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NOFO Section VII.B.1.q.

Describe in the field below how your CoC improved readiness for future public health emergencies.

**(limit 2,000 characters)**

The COVID-19 pandemic necessarily required a whole-of-government response as well as new partnerships within the community to include partnerships with United Way, Office of Emergency Management, Howard County Sheriffs Office and Local Providers. During this time, the CoC Lead Agency developed closer ties with the local Health Department and hospital, County Office of Emergency Management, and PHA. As a result, all of these entities now see themselves as having a role in the CoC, and understand the population of those experiencing homelessness as one in need of unique response. The Health Department now has closer ties with our shelters, both to address concerns related to structures as well as how to deliver care and resources there. The hospital worked closely with the Lead Agency and Coordinated Entry staff to address the needs of discharging patients experiencing homelessness, and the head of the hospital's Social Work department has joined the CoC Board. The Office of Emergency Management has been tasked with considering the needs of those experiencing homelessness by County Administration. Finally, the PHA played a significant role in efforts to move households experiencing homelessness out of emergency shelter and into housing. While the CoC already had strong ties with the local PHA, their participation in the pandemic response has opened additional avenues for housing our population, including vouchers as mentioned but also information sharing related the PHA's own housing units.

1D-3.	CoC Coordination to Distribute ESG Cares Act (ESG-CV) Funds.	
	NOFO Section VII.B.1.q	

Describe in the field below how your CoC coordinated with ESG-CV recipients to distribute funds to address:

1.	safety measures;
2.	housing assistance;
3.	eviction prevention;
4.	healthcare supplies; and
5.	sanitary supplies.

**(limit 2,000 characters)**

1) When COVID-19 began to spread, outreach staff who were at higher risk for severe illness were assigned to other duties. The remaining outreach staff was trained on how to protect themselves and their clients from COVID-19 in the course of their normal duties. Staff were instructed to: A. Greet clients from a distance of 6 feet and explain that you are taking additional precautions to protect yourself and the client from COVID-19. B. Screen clients for symptoms consistent with COVID-19 by asking them if they have a fever, new or worsening cough, or shortness of breath and immediately provide them with a surgical mask to wear. If urgent medical attention is necessary, standard outreach protocols was used to facilitate access to healthcare. 2) Hotel was used during the first Summer, Fall, and Winter of the pandemic and have also been devoted to the 2021/22 Cold Weather Shelter. Under normal

circumstances, Cold Weather Shelter is hosted through local congregations. Because space in congregation settings was not available during the pandemic, ESG funds were used and continue to be used for hotel rooms. ESG funds were also awarded to the CoC's main RRH provider to increase capacity to move households from shelter to permanent housing. 3) The CoC also distributed ESG funds to its RRH provider in order to serve clients who but for the assistance would be homeless. These services included rental assistance, financial assistance and services to help prevent participants from entering a shelter or becoming homeless. Residents in the hotels received healthcare and sanitary supplies, such as mask, gloves, hand sanitizers and wipes.

1D-4.	CoC Coordination with Mainstream Health.	
	NOFO Section VII.B.1.q.	

Describe in the field below how your CoC coordinated with mainstream health (e.g., local and state health agencies, hospitals) during the COVID-19 pandemic to:

1.	decrease the spread of COVID-19; and
2.	ensure safety measures were implemented (e.g., social distancing, hand washing/sanitizing, masks).

**(limit 2,000 characters)**

The CoC increased ties with the local Health Department and hospital during the COVID-19 pandemic. The Health Department provided PPE to street outreach, shelter, and PSH staff and worked with emergency shelter providers to develop and implement screening, isolation, and quarantine procedures as well as access regular testing and, once available, vaccines. Nurses funded by the Health Department to provide behavioral health services at the main shelter were allowed to expand their duties to assist with COVID response. The CoC Lead Agency, hospital, and shelter staff worked closely to develop and implement procedures for placing households experiencing homelessness who were discharging from the hospital while still requiring isolation in hotel and provided safe methods to access food, medicine, other supplies, and medical advice.

1D-5.	Communicating Information to Homeless Service Providers.	
	NOFO Section VII.B.1.q.	

Describe in the field below how your CoC communicated information to homeless service providers during the COVID-19 pandemic on:

1.	safety measures;
2.	changing local restrictions; and
3.	vaccine implementation.

**(limit 2,000 characters)**

During the early months of the pandemic, the Lead Agency convened weekly calls with service providers within the Coordinated Entry System as well as other stakeholders such as the Health Department, PHA, DSS, and detention center. These calls disseminated information gleaned by Lead Agency staff from COVID Office Hours with HUD and from regular state-wide calls organized by the DHCD. They also provided information on the actions of local government such as a prohibition on rent increases and included a brief report-



out  
by each stakeholder as well as a forum for information and supply requests and coordination. For example, one agency in need of water to distribute learned of another's ability to access bottled water through its social enterprise arm. Early in the pandemic, the Health Department worked with emergency shelter on recommendations made by the CDC. Later, they met with Lead Agency staff about concerns related to the CoC as a special population, presented to the CoC Board on preparations for vaccine distribution, and arranged mobile vaccine clinics to deploy to shelter and the drop-in center and designated a staff person to be the communication lead to ensure information was provided to the community.

1D-6.	Identifying Eligible Persons Experiencing Homelessness for COVID-19 Vaccination.	
	NOFO Section VII.B.1.q.	

Describe in the field below how your CoC identified eligible individuals and families experiencing homelessness for COVID-19 vaccination based on local protocol.

**(limit 2,000 characters)**

The CoC trained case workers to identify clients eligible for the vaccine and arranged access to vaccination sites. The most effective measure was the use of a Health Department mobile clinic, which made multiple visits to the emergency shelter and to the drop-in center. This gave clients a much more direct method to access the vaccine. Also, though there was vaccine hesitancy early on, once some households were vaccinated, others became more comfortable and were able to subsequently easily access vaccination because the mobile clinic made visits over time. Additionally, the Lead Agency met with the local Health Department and facilitated their inclusion in regular calls with providers and CoC Board meetings to familiarize all stakeholders with the Health Department's planning and vaccine roll-out. This also allowed for problem-solving to help households navigate the sign-up process. Also, as the vaccine roll-out accelerated, providers were asked to provide information at CoC Board meetings about rates at which households were being vaccinated. Finally, the largest PSH provider in the CoC also operates congregate programs within the Public Behavioral Health System. Because of this, they were able to become a vaccine site for all of their clients, and the CoC Lead Agency coordinated with them to allow street outreach and other PSH households to access vaccines through that option. Providers were mobilized to identify and coordinate transportation to local vaccination locations.

1D-7.	Addressing Possible Increases in Domestic Violence.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC addressed possible increases in domestic violence calls for assistance due to requirements to stay at home, increased unemployment, etc. during the COVID-19 pandemic.

**(limit 2,000 characters)**

In light of COVID-19 pandemic, the CoC recognizes the need to provide continues intimate partner violence training provided by the Maryland Network Against Domestic Violence. This training includes Trauma Informed Care Training, Safety and Human Trafficking Training to help identify symptoms of trauma, provide a system of response and re-traumatization. The CoC also continued to offer confidential data assessments and CE/provider referrals when identifying and locating safe environment for persons experiencing domestic violence. However, possible increases in domestic violence were underreported during the pandemic, which made it challenging to address. Case workers continued to use Trauma Informed training to assess and identify those in need of immediate assistance.

1D-8.	Adjusting Centralized or Coordinated Entry System.	
	NOFO Section VII.B.1.n.	

Describe in the field below how your CoC adjusted its coordinated entry system to account for rapid changes related to the onset and continuation of the COVID-19 pandemic.

**(limit 2,000 characters)**

The CoC's Coordinated Entry System adjusted primarily by adapting to changes in shelter options and by changing its prioritization standards early in the pandemic and later, once funding was significantly expanded, by loosening procedures to allow more households to easily access resources. When the pandemic began, the CoC worked to decrease density in emergency shelter while also increasing overall shelter capacity through hotel room rental. A heavy focus was placed on ensuring households with underlying health conditions were placed into individual hotel rooms, which meant both households already in emergency shelter and those still unsheltered had to be screened and matched to the appropriate resource. The CoC also shifted permanent housing resources away from the usual prioritization standard so that households with underlying conditions were the first to be offered RRH and PSH (while still maintaining a requirement for chronic status) openings and voucher opportunities. Over time, as new funding began flowing into the system, the CoC invested heavily in RRH. Because of the significant expansion of resources, there was not as much need for a highly prescribed prioritization. Thus, rather than filling openings one-by-one through the By-Name List, whole groups of people were referred directly from shelter to RRH providers so they could quickly connect with and house as many people as possible.

## 1E. Project Capacity, Review, and Ranking–Local Competition

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

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- 24 CFR part 578

1E-1.	Announcement of 30-Day Local Competition Deadline–Advance Public Notice of How Your CoC Would Review, Rank, and Select Projects. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.2.a. and 2.g.	

1.	Enter the date your CoC published the 30-day submission deadline for project applications for your CoC's local competition.	10/08/2021
2.	Enter the date your CoC publicly posted its local scoring and rating criteria, including point values, in advance of the local review and ranking process.	11/01/2021

1E-2.	Project Review and Ranking Process Your CoC Used in Its Local Competition. You Must Upload an Attachment to the 4B. Attachments Screen. We use the response to this question as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria listed below.	
	NOFO Section VII.B.2.a., 2.b., 2.c., and 2.d.	

Select yes or no in the chart below to indicate how your CoC ranked and selected project applications during your local competition:

1.	Established total points available for each project application type.	No
2.	At least 33 percent of the total points were based on objective criteria for the project application (e.g., cost effectiveness, timely draws, utilization rate, match, leverage), performance data, type of population served (e.g., DV, youth, Veterans, chronic homelessness), or type of housing proposed (e.g., PSH, RRH).	Yes
3.	At least 20 percent of the total points were based on system performance criteria for the project application (e.g., exits to permanent housing destinations, retention of permanent housing, length of time homeless, returns to homelessness).	Yes
4.	Used data from a comparable database to score projects submitted by victim service providers.	Yes
5.	Used objective criteria to evaluate how projects submitted by victim service providers improved safety for the population they serve.	Yes
6.	Used a specific method for evaluating projects based on the CoC's analysis of rapid returns to permanent housing.	Yes

1E-2a.	Project Review and Ranking Process–Addressing Severity of Needs and Vulnerabilities.	
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NOFO Section VII.B.2.d.

Describe in the field below how your CoC reviewed, scored, and selected projects based on:

1.	the specific severity of needs and vulnerabilities your CoC considered when ranking and selecting projects; and
2.	considerations your CoC gave to projects that provide housing and services to the hardest to serve populations that could result in lower performance levels but are projects your CoC needs in its geographic area.

**(limit 2,000 characters)**

During the FY21 NOFO competition, one DV RRH project and five PSH renewal project applications were submitted to continue receiving funding. The CoC reviewed, scored, and selected project based on a 150 point value system, which included reviewing the project scope of work and program narrative, program budget and annual performance report. 1) the CoC considered the program's capacity to serve high needs populations within the populations such as overrepresented and underserved (African American) participants. 2) the CoC gave consideration to the DV project as a project that provides housing and services to a arduous population to serve due to underreporting especially during the pandemic resulting in reduced performance.

1E-3.	Promoting Racial Equity in the Local Review and Ranking Process.	
	NOFO Section VII.B.2.e.	

Describe in the field below how your CoC:

1.	obtained input and included persons of different races, particularly those over-represented in the local homelessness population, when determining the rating factors used to review project applications;
2.	included persons of different races, particularly those over-represented in the local homelessness population, in the review, selection, and ranking process;
3.	rated and ranked projects based on the degree to which their program participants mirror the homeless population demographics (e.g., considers how a project promotes racial equity where individuals and families of different races are over-represented).

**(limit 2,000 characters)**

The CoC understands how important it is to promote racial equity in how we manage programs/grants as well as promoting equity in the local review and ranking process. Based on 2020 Coordinated Entry Racial Disparity Evaluation, 71% of the population are women and within this population African American/Black women make up a significant portion of those experiencing unsheltered homelessness. For reasons stated: 1) The CoC obtain input through peer to peer sharing via WebEx and calls with other jurisdictions with a large over-represented and underserved population. The peer-to-peer sharing included representative of other races and backgrounds. 2) The project applications were reviewed and ranked were inclusive of two African American (Black) women and two White(non-Hispanic) women; 3) the CoC's ranked/rated renewal projects only include providers that fosters a culture of diversity, inclusion, and equity which is reflected in their written policies and daily activities. We are able to ensure the program participants are reflective of the actual population by connecting eligible underserved/over-represented population are prioritized on the coordinated entry by-name list thereby ensuring racial equity.

1E-4.	Reallocation—Reviewing Performance of Existing Projects. We use the response to this question as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criterion below.	
	NOFO Section VII.B.2.f.	

	Describe in the field below:	
1.	your CoC's reallocation process, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed;	
2.	whether your CoC identified any projects through this process during your local competition this year;	
3.	whether your CoC reallocated any low performing or less needed projects during its local competition this year;	
4.	why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable; and	
5.	how your CoC communicated the reallocation process to project applicants.	

**(limit 2,000 characters)**

1) CoC will discuss reallocation options with CoC-providers and will encourage Project Applicants to consider reallocation if necessary. A Project Review will be completed by the CoC which is also required for Project Review and Ranking in order to Tier projects. The CoC will reallocate as appropriate and as necessary, if Providers Applicants do not reallocate and one or more of the following is true: The results of the Project Applicant Performance Score Cards and Capacity Assessment show the Project Applicant is under or non-performing; If current Project Applicant(s) cannot demonstrate sufficient capacity to successfully carry out the project, are unable to be compliant with the project, CoC or HUD goals; If the current NOFO indicates or recommends reallocation for a particular component or activity; and A sufficient plan is in place to secure and maintain permanent housing for current project participants if project is reallocated. 2) The CoC did identify its DV project as low performing project during the local competition. However, The CoC has developed a 6 month plan to build program through on-going monitoring of program participation, monthly spending, and monthly discussion with executive staff and their board. In the meantime, the CoC is also meeting with two potential DV providers to assess programmatic and financial capacity to serve this specific population. 3) No projects were reallocated during this year. 4) In order to ensure sufficiency permanent housing placement is secured for current and potential clients, no project was reallocated at this time. 5) The reallocation process is included in the NOFO package. The CoC also met with project applicants and low performing applicant to discuss reallocation process while ensuring all populations with the geographical area are not impacted negatively.

1E-4a.	Reallocation Between FY 2016 and FY 2021. We use the response to this question as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criterion below.	
	NOFO Section VII.B.2.f.	

Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2016 and FY 2021?	No
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1E-5.	Projects Rejected/Reduced—Public Posting. You Must Upload an Attachment to the 4B. Attachments Screen if You Select Yes.	
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NOFO Section VII.B.2.g.

1.	Did your CoC reject or reduce any project application(s)?	No
2.	If you selected yes, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps.	

1E-5a.	Projects Accepted–Public Posting. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.2.g.	

Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	11/01/2021
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1E-6.	Web Posting of CoC-Approved Consolidated Application. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.2.g.	

Enter the date your CoC's Consolidated Application was posted on the CoC's website or affiliate's website—which included: 1. the CoC Application; 2. Priority Listings; and 3. all projects accepted, ranked where required, or rejected.	11/12/2021
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## 2A. Homeless Management Information System (HMIS) Implementation

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

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- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

2A-1.	HMIS Vendor.	
	Not Scored—For Information Only	

Enter the name of the HMIS Vendor your CoC is currently using.	WellSky
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2A-2.	HMIS Implementation Coverage Area.	
	Not Scored—For Information Only	

Select from dropdown menu your CoC's HMIS coverage area.	Single CoC
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2A-3.	HIC Data Submission in HDX.	
	NOFO Section VII.B.3.a.	

Enter the date your CoC submitted its 2021 HIC data into HDX.	05/12/2021
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2A-4.	HMIS Implementation—Comparable Database for DV.	
	NOFO Section VII.B.3.b.	

Describe in the field below actions your CoC and HMIS Lead have taken to ensure DV housing and service providers in your CoC:

1.	have a comparable database that collects the same data elements required in the HUD-published 2020 HMIS Data Standards; and
2.	submit de-identified aggregated system performance measures data for each project in the comparable database to your CoC and HMIS lead.

(limit 2,000 characters)

Historically, our single DV provider entered de-identified (anonymous) data into a siloed provider within our HMIS software. Access to this information was restricted to the DV provider alone. While this process functions as a separate database, with client records shielded, we recognize the need to take the final step in segregating the data into a fully independent database. At this time we have identified the funding and the vendor, who will work with our DV provider complete this process. Until this is fully operational, the provider collects all of the same data elements as the other homeless service providers, using their own assessments, run quarterly data quality checks independently, and provide de-identified, aggregate data quarterly, or more often if needed.

2A-5.	Bed Coverage Rate—Using HIC, HMIS Data—CoC Merger Bonus Points.	
	NOFO Section VII.B.3.c. and VII.B.7.	

Enter 2021 HIC and HMIS data in the chart below by project type:

Project Type	Total Beds 2021 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
1. Emergency Shelter (ES) beds	96	8	88	100.00%
2. Safe Haven (SH) beds	0	0	0	
3. Transitional Housing (TH) beds	0	0	0	
4. Rapid Re-Housing (RRH) beds	81	8	73	100.00%
5. Permanent Supportive Housing	111	0	111	100.00%
6. Other Permanent Housing (OPH)	33	0	33	100.00%

2A-5a.	Partial Credit for Bed Coverage Rates at or Below 84.99 for Any Project Type in Question 2A-5.	
	NOFO Section VII.B.3.c.	

For each project type with a bed coverage rate that is at or below 84.99 percent in question 2A-5, describe:

1.	steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type; and
2.	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.

(limit 2,000 characters)

Not Applicable

2A-5b.	Bed Coverage Rate in Comparable Databases.	
	NOFO Section VII.B.3.c.	

Enter the percentage of beds covered in comparable databases in your CoC's geographic area.	100.00%
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2A-5b.1.	Partial Credit for Bed Coverage Rates at or Below 84.99 for Question 2A-5b.	
	NOFO Section VII.B.3.c.	



If the bed coverage rate entered in question 2A-5b. is 84.99 percent or less, describe in the field below:	
1.	steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent; and
2.	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.

**(limit 2,000 characters)**

We have 100% data collection and 'coverage' of our DV beds in our siloed provider, which is acting as our comparable database. Recognizing that the Comparable Database needs to be in an independent implementation, the process of migrating the existing data and future data collection is underway. This process has been slowed by a turnover in leadership in our local victim service provider, along with shifts in funding for pandemic response, but work is well under way in transferring our Victim Service Provider to a comparable database (have assisted them in identifying a vendor, funding, and initiating the process) and within the next 6 months the goal is for them to be transitioned completely to the comparable database.

2A-6.	Longitudinal System Analysis (LSA) Submission in HDX 2.0.	
	NOFO Section VII.B.3.d.	

Did your CoC submit LSA data to HUD in HDX 2.0 by January 15, 2021, 8 p.m. EST?	Yes
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## 2B. Continuum of Care (CoC) Point-in-Time (PIT) Count

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

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- 24 CFR part 578

2B-1.	Sheltered and Unsheltered PIT Count—Commitment for Calendar Year 2022	
	NOFO Section VII.B.4.b.	

Does your CoC commit to conducting a sheltered and unsheltered PIT count in Calendar Year 2022?	Yes
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2B-2.	Unsheltered Youth PIT Count—Commitment for Calendar Year 2022.	
	NOFO Section VII.B.4.b.	

Does your CoC commit to implementing an unsheltered youth PIT count in Calendar Year 2022 that includes consultation and participation from youth serving organizations and youth with lived experience?	Yes
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## 2C. System Performance

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

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- 24 CFR part 578

<b>2C-1.</b>	<b>Reduction in the Number of First Time Homeless—Risk Factors.</b>	
	NOFO Section VII.B.5.b.	

Describe in the field below:

1.	how your CoC determined which risk factors your CoC uses to identify persons becoming homeless for the first time;
2.	how your CoC addresses individuals and families at risk of becoming homeless; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the number of individuals and families experiencing homelessness for the first time or to end homelessness for individuals and families.

**(limit 2,000 characters)**

1). Our CoC focused on serving literally homeless households first, followed by imminently homeless. Many of the households in the community who fall into the broader at-risk category are served by the local poverty alleviation agency. Persons who are homeless (including those becoming homeless for the first time) complete a homeless history as a part of their assessment during the intake process. 2). Families in need of prevention access the Shelter Diversion program with Bridges to Housing Stability for rapid resolution for their crisis and preventing homelessness. Additionally there is a Family Stability program with Grassroots that works to stabilize families. The local Community Action Council also receives funds to assist families and individuals facing eviction. The CoC has also worked closely with the Sheriff's Office, Maryland Legal Aid, and Howard County Department of Housing and Community Development to provide resources at court for families and individuals that are facing eviction. The lead agency has worked with Howard County's Office of Consumer Protection to provide information on tenant rights. In addition, data indicates more efforts are needed, and the CoC is working on developing further Diversion programs. 3).Coordinated Entry Manager and Coordinated Entry System Committee.

<b>2C-2.</b>	<b>Length of Time Homeless—Strategy to Reduce.</b>	
	NOFO Section VII.B.5.c.	

Describe in the field below:

1.	your CoC's strategy to reduce the length of time individuals and persons in families remain homeless;
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2.	how your CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the length of time individuals and families remain homeless.

**(limit 2,000 characters)**

1). The CoC has worked to create flow in the system by coordinating with the Health Department to house clients that are currently being served in beds reserved for individuals with mental health diagnoses. Mainstream vouchers are offered to those that are ready for more independent living, freeing up space in the system for chronically homeless individuals who typically experience longer lengths of homelessness due to a lack of intensive services. The CoC prioritizes RRH, implemented a housing push plan and coordinated with PHA for vouchers. 2).The CoC Board has a System Performance and Evaluation Committee tasked with monitoring the performance of the homeless system. Using a data driven approach, benchmarks are created and monitored to facilitate continuous improvement. There are benchmarks to address the amount of time households have been homeless in the system as well as the length of homeless episodes prior to a household presenting to the system. The outcomes of these measures guide coordination with the Coordinated Entry Committee and the Program, Policy, & Process Committee to in improving or creating new protocols. 3). Coordinated Coordinated Entry Manager and Coordinated Entry System Committee.

2C-3.	Exits to Permanent Housing Destinations/Retention of Permanent Housing.	
	NOFO Section VII.B.5.d.	

Describe in the field below how your CoC will increase the rate that individuals and persons in families residing in:

1.	emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations; and
2.	permanent housing projects retain their permanent housing or exit to permanent housing destinations.

**(limit 2,000 characters)**

1). Utilizing the By Name List the Prioritization Workgroup and Coordinated Entry Committee triages those entering the system into the most appropriate programs, so they can receive the right level of intervention to stabilize as quickly as possible. The CoC has a number of Permanent Supportive Housing programs, both federally and locally funded into which those that need more support can be directed. Our Emergency Shelter, Permanent Supportive Housing, and Rapid- Rehousing programs also have access to the County's Community Housing Program Manager, who creates and maintains relationships with landlords and curates an inventory of local housing options. 2).The CoC Coordinates with the local Housing Commission to utilize mainstream vouchers to move those who are stable enough to remain housed with a subsidy onto a voucher, allowing supportive services to become available more often for those that need that level of intervention. Permanent Housing programs also work closely with the Community Housing Program Manager to identify housing options across the County.

2C-4.	Returns to Homelessness–CoC's Strategy to Reduce Rate.	
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NOFO Section VII.B.5.e.

Describe in the field below:

1.	how your CoC identifies individuals and families who return to homelessness;
2.	your CoC's strategy to reduce the rate of additional returns to homelessness; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the rate individuals and persons in families return to homelessness.

**(limit 2,000 characters)**

1) Households who come to the front door of the system as imminently homeless are engaged in a structured interview that assesses for numerous risk factors; a past episode of literal homelessness is the highest weighted factor for receiving assistance in addressing the current housing crisis. Households who present to the system as already literally homeless are also assessed for a past episode and those who meet the definition of chronic homelessness are prioritized for assistance. More broadly, the CoC has identified racial and ethnic disparities in rates of return to homelessness. The CoC is staying abreast of research suggesting the VI-SPDAT, which is a portion of our standard assessment, may skew PSH toward White households, thereby providing them with the highest level of assistance available in the system. Additionally, Hispanic/Latinx households in the DV/HT shelter appear to be less likely to be enrolled in RRH rather than exiting shelter without further housing support. 2) The CoC believes that continued investigation of these dynamics, along with increased ties with the detention center's Re-Entry staff, who serve many unsheltered households, will reveal factors contributing to returns to homelessness and methods to address them. 3) Administrator for the Office of Community Partnerships, and Chair of the CoC Board, are responsible for all efforts within the homeless response system.

2C-5. Increasing Employment Cash Income-Strategy.

NOFO Section VII.B.5.f.

Describe in the field below:

1.	your CoC's strategy to increase employment income;
2.	how your CoC works with mainstream employment organizations to help individuals and families increase their cash income; and
3.	provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase income from employment.

**(limit 2,000 characters)**

1) The CoC has a strong partnership with the County Office of Workforce Development (OWD), which has a full-time position dedicated to serving households experiencing homelessness. The position works directly with clients and case managers to help households access education, training, and employment as well as develops partnerships with employers to obtain greater access to employment opportunities. 2) Because this position sits within the OWB, there is easy access to federal programs such as Workforce Innovation and Opportunity Act (WIOA) program. Additionally, Re-Entry staff of the local detention center serve numerous unsheltered households and have developed relationships with companies such as a local spice company who is willing to provide "second chance" employment opportunities. The largest PSH provider

in the CoC also operates an evidence-based Supported Employment Program, allowing for easy connection to those services. Finally, the emergency shelter as well as the primary RRH provider in the CoC both work with volunteers from the community to increase their capacity to assist households with employment search, including leveraging volunteers with HR experience. 3) The Administrator for the Lead Agency and CoC Board are responsible for overseeing the CoC strategy to increase income from employment.

2C-5a.	Increasing Employment Cash Income–Workforce Development–Education–Training.	
	NOFO Section VII.B.5.f.	

	Describe in the field below how your CoC:	
1.	promoted partnerships and access to employment opportunities with private employers and private employment organizations, such as holding job fairs, outreach to employers, and partnering with staffing agencies; and	
2.	is working with public and private organizations to provide meaningful education and training, on-the-job training, internships, and employment opportunities for program participants.	

**(limit 2,000 characters)**

1) The County partners with the Office of Workforce Development who sponsors job fairs and workforce events to connect local employers (including second chance employers) looking for qualified applicants. Some of the workforce events include writing resumes, interview strategies and online job searches as well as apprenticeship job fairs. Participants can find information on these events and registration online. 2) The CoC through OWD partners with local employers who offer second chances employment opportunities, provides educational, and job training for program participants. In light of COVID, OWD offers a hybrid platform virtual and limited in-person career events and workshops.

2C-5b.	Increasing Non-employment Cash Income.	
	NOFO Section VII.B.5.f.	

	Describe in the field below:	
1.	your CoC's strategy to increase non-employment cash income;	
2.	your CoC's strategy to increase access to non-employment cash sources; and	
3.	provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase non-employment cash income.	

**(limit 2,000 characters)**

1) The CoC's strategy to increase non-employment cash income centers largely around the SSI/SSDI Outreach, Access, and Recovery (SOAR) Initiative. A new SOAR representative in the county, recently promoted to oversee the emergency shelter, is working to reinvigorate efforts to engage provider leadership and to train and support staff throughout the CoC to complete SOAR claims. Completion of SOAR applications is also being included in written standards now under development by the CoC Board's new Program, Policies and Process Committee. 2) Additionally, the largest PSH provider in the CoC also operates an evidence-based Supported Employment Program. Specialists there help clients locate and maintain employment, but also assist them in maintaining all non-employment income they are eligible for, including

TANF/SNAPS. 3) Administrator for the Office of Community Partnerships, and Chair of the CoC Board, are responsible for all efforts within the homeless response system.

## 3A. Coordination with Housing and Healthcare Bonus Points

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

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- 24 CFR part 578

<b>3A-1.</b>	<b>New PH-PSH/PH-RRH Project—Leveraging Housing Resources.</b>	
	<b>NOFO Section VII.B.6.a.</b>	

Is your CoC applying for a new PSH or RRH project(s) that uses housing subsidies or subsidized housing units which are not funded through the CoC or ESG Programs to help individuals and families experiencing homelessness?	No
---	----

<b>3A-1a.</b>	<b>New PH-PSH/PH-RRH Project—Leveraging Housing Commitment. You Must Upload an Attachment to the 4B. Attachments Screen.</b>	
	<b>NOFO Section VII.B.6.a.</b>	

Select yes or no in the chart below to indicate the organization(s) that provided the subsidies or subsidized housing units for the proposed new PH-PSH or PH-RRH project(s).

1.	Private organizations	No
2.	State or local government	Yes
3.	Public Housing Agencies, including use of a set aside or limited preference	Yes
4.	Faith-based organizations	No
5.	Federal programs other than the CoC or ESG Programs	Yes

<b>3A-2.</b>	<b>New PSH/RRH Project—Leveraging Healthcare Resources.</b>	
	<b>NOFO Section VII.B.6.b.</b>	

Is your CoC applying for a new PSH or RRH project that uses healthcare resources to help individuals and families experiencing homelessness?	No
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3A-2a.	Formal Written Agreements–Value of Commitment–Project Restrictions. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.6.b.	

1.	Did your CoC obtain a formal written agreement that includes: (a) the project name; (b) value of the commitment; and (c) specific dates that healthcare resources will be provided (e.g., 1-year, term of grant, etc.)?	No
2.	Is project eligibility for program participants in the new PH-PSH or PH-RRH project based on CoC Program fair housing requirements and not restricted by the health care service provider?	No

3A-3.	Leveraging Housing Resources–Leveraging Healthcare Resources–List of Projects.	
	NOFO Sections VII.B.6.a. and VII.B.6.b.	

If you selected yes to question 3A-1. or 3A-2., use the list feature icon to enter information on each project you intend for HUD to evaluate to determine if they meet the bonus points criteria.

Project Name	Project Type	Rank Number	Leverage Type
This list contains no items			

## 3B. New Projects With Rehabilitation/New Construction Costs

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

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- 24 CFR part 578

3B-1.	Rehabilitation/New Construction Costs—New Projects.	
	NOFO Section VII.B.1.r.	

Is your CoC requesting funding for any new project application requesting \$200,000 or more in funding for housing rehabilitation or new construction?	No
--	----

3B-2.	Rehabilitation/New Construction Costs—New Projects.	
	NOFO Section VII.B.1.s.	

	If you answered yes to question 3B-1, describe in the field below actions CoC Program-funded project applicants will take to comply with:
1.	Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u); and
2.	HUD's implementing rules at 24 CFR part 75 to provide employment and training opportunities for low- and very-low-income persons, as well as contracting and other economic opportunities for businesses that provide economic opportunities to low- and very-low-income persons.

**(limit 2,000 characters)**

The CoC is not requesting funding for any new projects for rehabilitation or construction.

### 3C. Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

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- 24 CFR part 578

3C-1.	Designating SSO/TH/Joint TH and PH-RRH Component Projects to Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.	
	NOFO Section VII.C.	

Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes?	No
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3C-2.	Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.C.	

If you answered yes to question 3C-1, describe in the field below:

1.	how serving this population is of equal or greater priority, which means that it is equally or more cost effective in meeting the overall goals and objectives of the plan submitted under Section 427(b)(1)(B) of the Act, especially with respect to children and unaccompanied youth than serving the homeless as defined in paragraphs (1), (2), and (4) of the definition of homeless in 24 CFR 578.3; and
2.	how your CoC will meet requirements described in Section 427(b)(1)(F) of the Act.

**(limit 2,000 characters)**

Not Applicable

## 4A. DV Bonus Application

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

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- 24 CFR part 578

4A-1.	New DV Bonus Project Applications.	
	NOFO Section II.B.11.e.	

Did your CoC submit one or more new project applications for DV Bonus Funding?	No
Applicant Name	
This list contains no items	

## 4B. Attachments Screen For All Application Questions

We prefer that you use PDF files, though other file types are supported. Please only use zip files if necessary.

Attachments must match the questions they are associated with.

Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process.

We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).

Document Type	Required?	Document Description	Date Attached
1C-14. CE Assessment Tool	Yes	CE Assessment Tool	11/10/2021
1C-7. PHA Homeless Preference	No		
1C-7. PHA Moving On Preference	No		
1E-1. Local Competition Announcement	Yes	Local Competition...	11/10/2021
1E-2. Project Review and Selection Process	Yes	Project Review an...	11/10/2021
1E-5. Public Posting—Projects Rejected-Reduced	Yes	No Project Reject...	11/11/2021
1E-5a. Public Posting—Projects Accepted	Yes	Public Post Accep...	11/10/2021
1E-6. Web Posting—CoC-Approved Consolidated Application	Yes		
3A-1a. Housing Leveraging Commitments	No		
3A-2a. Healthcare Formal Agreements	No		
3C-2. Project List for Other Federal Statutes	No		

## **Attachment Details**

**Document Description:** CE Assessment Tool

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:** Local Competition Announcement on Website

## **Attachment Details**

**Document Description:** Project Review and Selection Process

## **Attachment Details**

**Document Description:** No Project Rejected-Reduced

## **Attachment Details**

**Document Description:** Public Post Accepted Projects

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:**

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## Submission Summary

**Ensure that the Project Priority List is complete prior to submitting.**

Page	Last Updated
1A. CoC Identification	10/06/2021
1B. Inclusive Structure	11/12/2021
1C. Coordination	11/12/2021
1C. Coordination continued	11/12/2021
1D. Addressing COVID-19	11/12/2021
1E. Project Review/Ranking	11/11/2021
2A. HMIS Implementation	11/12/2021
2B. Point-in-Time (PIT) Count	10/14/2021
2C. System Performance	11/12/2021
3A. Housing/Healthcare Bonus Points	11/04/2021
3B. Rehabilitation/New Construction Costs	10/29/2021

FY2021 CoC Application	Page 48	11/12/2021
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<b>3C. Serving Homeless Under Other Federal Statutes</b>	11/02/2021
<b>4A. DV Bonus Application</b>	11/01/2021
<b>4B. Attachments Screen</b>	Please Complete
<b>Submission Summary</b>	No Input Required

Client - (21128) Jetson, Astro

(21128) Jetson, Astro

Release of Information: **None**

Client Information

Service Transactions

Summary

Assessments

Client Profile

Households

Entry / Exit

ROI

Case Plans

Case Managers

Measurements

Activities

CE| BNL Assessments

Assessment Determination \*

VI-SPDATs (Go to BNL Assessments; Refer to CSHS)

Person Completing Assessment

Field, Tina

FOR LITERALLY HOMELESS PERSONS ONLY

ASSESSOR: Complete the VI-SPDAT v2.0 for singles (age 25 and older) and for the head of household of a family (age 25 and older) without minor children.

VI-SPDAT v2.0

Start Date *	PRE-SURVEY	A. HISTORY OF HOUSING AND HOMELESSNESS	B. RISKS	C. SOCIALIZATION & DAILY FUNCTIONS	D. WELLNESS	GRAND TOTAL
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ASSESSOR: Complete VI-FSPADT v2.0 for families of all ages with minor children.

VI-FSPDAT v2.0

Start Date *	PRE-SURVEY	A. HISTORY OF HOUSING AND HOMELESSNESS	B. RISKS	C. SOCIALIZATION & DAILY FUNCTIONS	D. WELLNESS	E. FAMILY UNIT	GRAND TOTAL
10/10/2019	1	0	1	3	1	2	8

Showing 1-1 of 1

If Head of Household is 24 or younger, please also answer the foster care questions below.

ASSESSOR: Complete TAY VI-SPDAT v1.0 for persons age 24 and younger without a minor child.

SPECIFICALLY FOR YOUTH HOUSEHOLDS (18-24) Were you ever in fostercare?

If yes, were you in foster care through age 16?

TAY-VI-SPDAT v1.0

Start Date *	PRE-SURVEY	A. HISTORY OF HOUSING AND HOMELESSNESS	B. RISKS	C. SOCIALIZATION & DAILY FUNCTIONS	D. WELLNESS	GRAND TOTAL
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FOR IMMINENTLY AT RISK OF LITERAL HOMELESSNESS ONLY

Prevention Targeting Tool

Are you being evicted or asked to leave by the landlord or leaseholder?

Yes

Approximate date they must leave the primary place they are staying

Is the lease in your name?

Yes

Is your landlord a property management company or private owner?

Property Manager

https://sp5.servicept.com/howardcounty/com.bowmansystems.sp5.core.ServicePoint/index.html#loadClient;clientId=21128;1636578345599

1/2

Have you searched for or requested shelter in the past 3 months?	<input checked="" type="checkbox"/> No
Ever stayed in a shelter, car or outdoors as an adult?	<input checked="" type="checkbox"/> Yes
Are you a single parent with a child 2 years old or younger?	<input checked="" type="checkbox"/> Yes
Are you pregnant?	<input checked="" type="checkbox"/> No (HUD)
Are you currently receiving public benefits?	<input checked="" type="checkbox"/> Yes
Number of times you have moved in past 12 months?	<input checked="" type="checkbox"/>
Have you been in conflict with family members and friends in the last 30 days? If so, how would you describe the intensity on a scale of 1 to 4, with 4 meaning you no longer communicate?	<input checked="" type="checkbox"/> 0 - No conflict
Have you had any involvement with child protective services (investigation, open case, child in foster care) in the past year?	<input checked="" type="checkbox"/> No
Highest Level of Education Attained	<input checked="" type="checkbox"/> College Degree
Employed?	<input checked="" type="checkbox"/> Yes (HUD)

**During your childhood, did you experience:**

Family on public assistance	<input checked="" type="checkbox"/> No
Family moving 4+ times	<input checked="" type="checkbox"/> No
Foster Care	<input checked="" type="checkbox"/> No
Shelter	<input checked="" type="checkbox"/> No
Reported Abuse	<input checked="" type="checkbox"/> No

**If there are minor children in the household, ask the following questions:**

Are you receiving any income or have a housing voucher?	<input checked="" type="checkbox"/> No
Do you have a child in Howard County Public Schools?	<input checked="" type="checkbox"/> Yes

**If "yes" to both questions, ask the following:**

Do we have your permission to send your information to one of our partners, Family and Children Services, who will contact you to offer assistance with your housing situation?	<input checked="" type="checkbox"/> Yes
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**TAGS**

Boards & Commissions

## **Continuum of Care (CoC)**

In 1995, HUD began requiring communities to submit one application for McKinney-Vento Homeless Assistance Grants. This streamlined the application process, and encouraged the coordination of housing and support services for agencies providing direct homeless services, and placed emphasis on the development of local CoCs. The CoC is defined as “the local planning body that coordinates housing and support services funding for homeless families and individuals.” In 2009, President Obama introduced the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009. This Act amended and reauthorized the McKinney-Vento Homelessness Assistance Act with substantial changes. In August 2012, HUD issued the Interim Rule which provided regulations for how the HEARTH Act of 2009 would be managed and administered.

## **Purpose & Activities**

Promote community-wide goals to end homelessness;

Provide funding to quickly rehouse homeless persons;

Promote access to mainstream resources; and

Improve self-sufficiency among people experiencing homelessness.

## **Responsibilities**

Operating the CoC

Designating and Operating an Homeless Management Information System (HMIS)

CoC Planning

## Competitive Grant Program

FY 2021 CoC NOFO Program Competition **NOW OPEN!** (click [here](#))

Permanent Housing (Permanent Supportive Housing and Rapid Rehousing)

Transitional Housing

Support Services Only (SSO)

Homeless Management and Information System (HMIS)

## Board Information

### Meeting Schedule

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### Board Members

## Meeting Agendas & Minutes

2021

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2020

# Stay Connected!

Sign up for the County Executive's weekly newsletter and stay up to date on everything Howard County.

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Maryland Public Information Act

Accessibility

Careers

Hoco Dash

GIS Maps

## CoC Application Process

HUD CoC funds for FY2021 are based on the Notice of Funding Opportunity (NOFO). The Howard County CoC (DCRS Lead Agency) coordinates the process and information regarding the NOFO requirements are disseminated to all interested parties (all homeless services and housing providers in the CoC) via the following open solicitation methods:

- Letters/emails
- Responses to public inquiries
- Announcements at meetings
- Posted on the DCRS Lead Agency website

## Threshold Criteria and Project Requirements

Projects must pass a threshold requirement review before being submitted to the Resource & Development Committee. Late or incomplete applications will not pass threshold requirements for reviewing and ranking by the committee. These threshold requirements are:

- Project Applicant
  - Must be eligible to apply for CoC funding: Nonprofit organizations, State, or local government
  - Must not require participation in religious services for CoC-funded programs
  - Must be an eligible contractor for federal funds per <https://www.sam.gov/>
  - Must have a current tax-exempt status as verified by the IRS
  - Must not owe any overdue tax debts, as documented on IRS 990 submissions to the IRS
  - Must have financial and management capacity to carry out the project(s)
  - Must provide evidence of a homeless or formerly homeless person is on the Board of Directors or in a role in a policy-making position.
  - Must have policies and procedures for the administration of CoC funds.
  - Must participate in Homeless Management Information Systems (HMIS)
  - Must administer programs or activities in the most integrated setting appropriate to the needs of homeless persons with disabilities
  - Must identify matching funds in the Budget and Budget Narrative
  - Must not discriminate against households with a registered sex offender and/or person with a criminal record, including a violent crime, for acceptance into the program even if a child is in the household. It is a CoC goal to eliminate as many barriers for the “hard to house” populations as well as racial equity.
  - Must provide all required information listed in Required Attachments and be capable of fulfilling all required Work Effort.
- Eligible Project & Activity Type
- Completeness of the application

## SCORING CRITERIA AND POINTS

DESCRIPTION OF RATING FACTOR	FACTOR/GOAL	MAX POINTS
Performance Measure (PSH, RRH, TH)		



# REVIEW, RATE, AND RANKING PROCEDURES

Average days from project entry to move-in	30 days – (PSH/RRH); 180 days – (TH)	20
Retention in or exits to Permanent Housing (PH)	90%	25
Returns to Homelessness	15%	15
New or increased earned income for stayers	8%	2.5
New or increased non-employment income for stayer	10%	2.5
New or increased earned income for leavers	8%	2.5
New or increased non-employment income for leavers	10%	2.5
<b>Project Effectiveness (PSH, RRH, TH)</b>		
Project cost is reasonable for PSH, RRH, TH	YES	20
Percentage of referrals received through Coordinate Entry	95%	20
Housing First/Low Barrier Implementation	YES	10
<b>Serve High Needs Population</b>		
Assessment Score for Participants indicates PSH	95%	20
<b>Local Criteria</b>		
CoC Monitoring Score and Standards	YES	10
TOTAL POINTS		150 POINTS

**MD-504 Howard County Lead Agency  
Notification of Rejected/Reduced Projects**

No projects were rejected or reduced during the FY21 NOFO Competition. All renewal projects that submitted a renewal project application were accepted and notified 11.1.2021.

PROJECT NAME	PROJECT AMOUNT	SCORING	RANKING	TIER
McKinney I	\$361,141	125	1	Tier 1
McKinney III	\$243,039	105	2	Tier 1
SPC	\$187,758	102.5	3	Tier 1
Revive	\$53,808	100	4	Tier 1
Stability	\$109,608	97.5	5	Tier 2
DV Bonus	\$52,400	87.5	6	Tier 2

Notification of Ranking 11.1.21\_0.pdf

MD 504 - Howard County Maryland

Notification of Ranked Project Applications  
Posted: November 1, 2021

Continuum of Care	
Annual Renewal Demand	\$ 1,007,754.00
Tier 1	\$ 845,746.00
Tier 2	\$ 162,008.00
Total Funds	\$ 1,007,754.00

Rank	Tier	Applicant Name	Project Name	Grant Number	Project Type	Funding Requested	Funding Type/Status	Reallocation
1	Tier 1	Howard County	McKinney I	MD0116L38042013	PH - PSH	\$ 361,141.00	Annual Renewal - Accepted	\$ -
2	Tier 1	Howard County	McKinney III	MD0118L38042013	PH - PSH	\$ 243,039.00	Annual Renewal - Accepted	\$ -
3	Tier 1	Howard County	SPC	MD0119L38042013	PH - PSH	\$ 187,758.00	Annual Renewal - Accepted	\$ -
4	Tier 1	Howard County	Project Revive	MD0366L38042004	PH - PSH	\$ 53,808.00	Annual Renewal - Accepted	\$ -
5	Tier 2	Howard County	Project Stability	MD0390L38042003	PH - PSH	\$ 109,608.00	Annual Renewal - Accepted	\$ -
6	Tier 2	Howard County	DV Bonus	MD0434D38042001	PH - Rehab	\$ 52,400.00	Annual Renewal - Accepted	\$ -

CoC NOFO FY21 D....pdf

Operating the CoC

Designating and Operating a Homeless Management Information System (HMIS)

CoC Planning

## Competitive Grant Program

- Public Notification Ranking for Project Applications ([Click here](#))
- Information on the review, rate, and rank process for NOFO Applications, [click here](#).
- FY 2021 CoC NOFO Program Competition **NOW OPEN!** ([click here](#))
- Permanent Housing (Permanent Supportive Housing and Rapid Rehousing)
- Transitional Housing
- Support Services Only (SSO)
- Homeless Management and Information System (HMIS)